

# Agenda: Acute Care Measures Workgroup 9-10-2014

9:00	Welcome
9:05	<b>Consider Feedback</b> <ul style="list-style-type: none"><li>• Feedback from September 5 Performance Measures Coordinating Committee</li></ul>
9:20	<b>Follow-up items from August 20 meeting</b> <ul style="list-style-type: none"><li>• Catheter-associated UTI</li><li>• Falls Injury per Patient Day</li></ul>
9:45	<b>Continue Measures Review</b> <ul style="list-style-type: none"><li>• Potentially Avoidable Care</li><li>• Cost of Care</li></ul>
10:25	Determine unit(s) of analysis for each YES measure
10:50	Next steps and wrap-up
10:55	Open Line for Comment

# YES Measures To Date (n=9)

Identifier (#)	Name of Measure	NQF #	Steward	Category	Data Source	Measure Description
20	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	0058	NCQA	Avoidance of Overuse	Claims	The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.
H-61	OP-8: Outpatient MRI without Treatment: Outpatients with low back pain who had an MRI without trying recommended treatments first	0514	CMS	Avoidance of Overuse	Claims	This measure calculates the percentage of MRI of the Lumbar Spine studies with a diagnosis of low back pain on the imaging claim and for which the patient did not have prior claims-based evidence of antecedent conservative therapy.
49	Follow-Up After Hospitalization for Mental Illness (FUH)	0576	NCQA	Behavioral Health	Claims	Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an OP visit, an intensive OP encounter, or partial hospitalization with a mental health practitioner.
H-41	MORT-30-AMI: Heart Attack Mortality	0230	CMS	Cardiac: Mortality	Claims	The measure estimates a hospital 30-day risk-standardized mortality rate (RSMR), defined as death for any cause within 30 days after the date of admission of the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of acute myocardial infarction (AMI).

# YES Measures To Date, Cont'd (n=9)

Identifier (#)	Name of Measure	NQF #	Steward	Category	Data Source	Measure Description
94	Plan All-Cause Readmission (PCR)	1768	NCQA	Hospital Readmissions/ Care Transitions	Claims	<p>For patients 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:</p> <ol style="list-style-type: none"> <li>1. Count of Index Hospital Stays* (denominator)</li> <li>2. Count of 30-Day Readmissions (numerator)</li> <li>3. Average Adjusted Probability of Readmission</li> </ol>
H-63	PC-02: Cesarean Section - NTSV C-Section [Nulliparous (first baby), Term (>37 weeks), Singleton (one baby), and (head down)]	0471	The Joint Commission	Obstetrics	Claims and Clinical Data	<p>This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section. This measure is a part of a set of five nationally implemented measures that address perinatal care.</p>
H-28	HCAHPS - Communication about Medicines - Discharge Information	0166	CMS	Patient Experience	Survey	<p>27-items survey instrument with 7 domain-level composites including: communication with doctors, communication with nurses, responsiveness of hospital staff, pain control, communication about medicines, cleanliness and quiet of the hospital environment, and discharge information</p>

# YES Measures To Date, Cont'd (n=9)

Identifier (#)	Name of Measure	NQF #	Steward	Category	Data Source	Measure Description
14	Appropriate Testing for Children with Pharyngitis (CWP)	0002	NCQA	Pediatric	Claims	Percentage of children ages 2 to 18 that were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus test for the episode
H-99	STK-4: Thrombolytic Therapy	437	The Joint Commission	Stroke	Clinical Data	This measure captures the proportion of acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well for whom IV t-PA was initiated at this hospital within 3 hours of time last known well. This measure is a part of a set of eight nationally implemented measures that address stroke care that are used in The Joint Commission's hospital accreditation and Disease-Specific Care certification programs.

# MAYBE Measures To Date (n=4)

#	Measure Name	NQF Number	Steward	Category	Data Source	Description
H-42	MORT-30-HF: Heart Failure Mortality	0229	CMS	Cardiac: Mortality	Claims	The measure estimates a hospital 30-day risk-standardized mortality rate (RSMR). Mortality is defined as death for any cause within 30 days after the date of admission of the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of heart failure (HF). CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.
H-75	PSI-90: Complications/Patient Safety for Selected Indicators (Composite)	0531	AHRQ	Patient Safety	Claims	A composite measure of potentially preventable adverse events for selected indicators. The weighted average of the observed-to-expected ratios for the component indicators
248	Falls with Injury Per Patient Day (adult acute care and rehabilitation only)	NA	NA	Patient Safety	unknown	Falls with Injury Per Patient Day (adult acute care and rehabilitation only)
H-20	HAI-2: CAUTI: Cather-Associated Urinary Tract Infection	0138	CDC	Patient Safety	Clinical Data	Standardized Infection Ratio (SIR) of healthcare-associated, catheter-associated urinary tract infections (CAUTI) will be calculated among patients in the following patient care locations: • Intensive Care Units (ICUs) (excluding patients in neonatal ICUs [NICUs: Level II/III and Level III nurseries]) • Specialty Care Areas (SCAs) - adult and pediatric: long term acute care, bone marrow transplant, acute dialysis, hematology/oncology, and solid organ transplant locations • other inpatient locations (excluding Level I and Level II nurseries).

# PARKING LOT TOPICS/MEASURES

Topic	Comments	Potential Measures
<b>1. Outpatient minutes to transfer: Time from emergency department arrival to time of transfer to another facility for acute coronary intervention</b>	This is a CMS measure and is important measure of process, particularly for smaller, rural facilities.	NQF #0289 (CMS)
<b>2. Care Transitions following discharge from the hospital</b>	The workgroup feels that this is a high priority topic but it is unclear how to measure it reliably with currently available data. The workgroup recommends revisiting this topic each year to ascertain whether one or more reliable measures have been agreed upon and whether data is readily available in WA State.	Discharge Information and Follow-up Phone Call for Inpatients (WSHA measure)
<b>3. Medication Reconciliation</b>	The workgroup feels that this is a high priority topic but it is unclear how to measure it reliably with currently available data. The workgroup recommends revisiting this topic each year to ascertain whether one or more reliable measures have been agreed upon and whether data is readily available in WA State.	
<b>4. Prenatal and Postpartum Care</b>	Currently difficult to measure utilizing claims data; providers charge global fee and do not routinely submit claims for individual prenatal and postpartum visits that are associated with the global fee.	NQF #1517 (NCQA)
<b>5. Pediatric Asthma (inpatient care)</b>	Need to understand whether there is a data source for WA; highly regarded by pediatric community. National data suggests little opportunity for improvement. Group requested this be a parking lot measure.	NQF# 0143 (Joint Commission)
<b>6. Systematic database for stroke care</b>	The workgroup strongly recommends 100% participation in a recognized clinical database/registry by hospitals in WA State; it is state law for hospitals to participate however, currently only ~50 hospitals comply. Workgroup recommends full participation in program.	

# PARKING LOT TOPICS/MEASURES, CONT'D

Topic	Comments	Potential Measures
<b>7. Never Events and Adverse Events</b>	Would like to consider for future iterations of the measure set. Need to carefully consider data source(s) that will provide results for all hospitals. Noted that claims not necessarily reliable given non-payment policies for never events. Results need to be reported as a rate to adjust for volume of hospital admissions	Never Events: Surgical Wrong Site Surgery, Wrong Surgical Procedure, Retained Foreign Object
<b>8. Non medically-indicated inductions with unfavorable cervix in nulliparous women</b>	Currently a measure in the Medicaid Incentive Program; results currently only available for 17 hospitals and not publicly reported. Workgroup considers measure important, but data not yet available for all hospitals doing OB	
<b>9. Psychiatric Hospitalization Readmission Rate</b>	Workgroup feels this will be an important area for measurement in future iterations of the measure set. It will require a modified version of NCQA's HEDIS "Plan All-Cause Readmission" Metric" to reflect the proportion of acute psychiatric inpatient stays during the measurement year that were followed by an acute psychiatric readmission within 30 days	